

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33867

State File No.

4361

FILED NOV 1 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Days
 (Specify whether
 In this community 21 years
 years, months or days)

3. (a) PRINT FULL NAME EMMA MCDANIELS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Anderson McDaniels 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug 16, 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 25 hr. min.

9. Birthplace Tyler Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hosp. No. 2

17. (a) Burial (b) Date thereof 10/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Atkins Bros.

(b) Address 1729 Lyden

19. (a) 10-13-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2220 Wabash
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
 year 1943 hour 7: minute 25 A.

21. I hereby certify that I attended the deceased from 9-30-43
 to 10-10-43, 19____, to 10-10-43, 19____;
 that I last saw her alive on 10-10-43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident

Due to Hypertension

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. A. Brown M.D.
 Address Gen. Hosp. No. 2 Date signed 10-12-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

D. Jerome Monroe
Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.